THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

NEW SERIES.] THURSDAY, JUNE 15, 1871. [VOL. VII.—NO. 24.

Original Communications.

TAYLOR ON DACTYLITIS SYPHILITICA.

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IT is with the greatest pleasure that we perceive an increase in the spirit of original investigation among our cisatlantic brethren; especially when their researches are made within the domain of syphilis, a branch of medicine perhaps the most important of all, but one which has hitherto been culpably neglected, clinically, by our hospitals, practically and scientifically by our dispensaries and physicians. In Dr. Taylor's concise but comprehensive and very instructive article we see the promise of a future, more creditable to the hearts and heads of American practitioners of medicine. The lesion treated of is placed in a very clear light. Previous to the appearance of this article, the subject was very vaguely known and very meagrely treated of. Drs. Bumstead and Lancereaux were the only authors of systematic treatises who spoke of it, and they made no classification of the varieties. Dr. Taylor divides it into two clinical varieties, and instances cases of each. He brings also some new observations in regard to the gummy infiltration in the connective tissue. Syphilis of the joints, a subject also very scantily treated of in books, is quite largely treated of in this article.[*]

"This affection consists in the deposit of the peculiar gummy material of tertiary syphilis in one or all of the deep tissues of the fingers and toes, and is characterized by peculiar deformities. In 1859, Chassaignac first called attention to this affection. ['*De la Dactylite Syphilitique.' Clinique Européenne*, 1859, *p.* 238.] Nélaton, in 1860, reported a case and referred to another observed by him. ['*Du Panaris Syphilitique.' Gazette des Hôpitaux*, 1860, pp. 105, 106.] In 1866, Prof. A. Lüche,[†] of Berne, published the details of two very important cases. M. Archambault,[*] of the *Hôpital des Enfants*, observed a case, due to hereditary syphilis, and published it in 1869. In 1870, two important cases were published, one, by Dr. H. Risel,[†] occurring at the clinic of Prof. R. Volkman, of Halle; the other, by Dr. R. Berg,[‡] of Copenhagen. Early in 1870, this lesion developed in one of my own patients, and Prof. B. W. McCready, of Bellevue Hospital, has also had a very interesting case.[§] My own case was as follows:—

E. A., peddler, aged 44, had the initial lesion of syphilis in July, 1867. In a month, papular eruptions, &c. Before 1868, an iritis. 1868-9, pustulo-crustaceous ulcers. Summer of 1869, gummy tumors of scalp and over tibiæ. In Oct., 1869, came to the New York Dispensary with a non-ulcerating tubercle over right eyebrow, which disappeared under treatment. In February, 1870, the second toe of the right foot had been for a month gradually enlarging. Swelling symmetrical along whole length of toe; integument stretched, shining, not transversely furrowed at joints, merging, after forming a distinct ridge, into the integument of the foot. Viewed endwise, wedge-shaped. Nail normal. No pain on pressure, nor pitting. Color violaceous. Temperature, 93° Fahr. The deposit most copiously distributed on dorsum and sides. Toe elevated above its companions, and extensor tendon felt stretched. No crepitation. Movements of phalangeal joints much impaired; of metatarso-phalangeal articulation, less so. Joint structures of first and second phalanges considerably enlarged; first phalanx more enlarged than the second. Length of toe, normal. Under biniodide of mercury and iodide of potassium, with citrate of quinine and iron, no change till June. Then diminution in size and tension. In July, iodide of potassium given alone in fifteen-grain doses, in consequence of an obstinate diarrhœa. In August, diminution very manifest, the absorption taking place from the integument; deep structures still enlarged. Crepitation between first and second phalanges from April to November. Toe firmly bandaged in August with adhesive plaster to prevent disorganization of the joint. In December, infitration of skin hardly perceptible. Swelling of deep structures subsiding, but perceptible at the first phalanx and its joint, where the crepitation is now much less. Movements of joints free, and locomotion is readily accomplished. Toe arched in long axis from unbalanced action between the extensors and flexors, and a flaccid condition of the ligaments. A shallow transverse ridge about the middle of the nail as is sometimes observed after adynamic diseases. Patient now much improved in general condition, and no visible progressive lesion of syphilis present.

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[*] See also April No. of N. Y. Dermat. Journal.

[†] "Die Syphilitische Dactylitis." Berliner Klinische Wochenschrift, 1867, Nos. 50 and 51.

[*] L'Union Médicale, No. 140, 1869.

[†] "Zur Casuistik der Syphilitischen Finger-und Gelenks-Affectionens." Berliner Klinische Wochenschrift, No. 7, 1870.

[‡] "Fall von Gommoser (Syphilitischer) Dactylitis." Archiv für Dermatologie und Syphilis, No. 2, 1870.

[§] Since the publication of this article, Dr. Taylor writes me:—"I saw, May 2d, at the college clinic for skin diseases, another case of this lesion, as a lesion of hereditary syphilis, similar to Archambault's."

Nélaton's Case.—Man, aged 50. Right middle finger swelled on three occasions. Volume greatest in first phalanx, less in the second; third almost normal. Whole of first phalanx involved, more so on palmar than on dorsal aspect. Movement slightly impaired. Slight pain on pressure, but also spontaneously. Integument stretched and rather livid. Under anti-syphilitic treatment it subsided.

Lüche's Cases. I.—A man, aged 45, with nodes on sternum and swelling of the sterno-clavicular articulation, observed, in April, 1860, that the little finger of his right hand and the great and second toes of the left foot and the second toe of right foot became enlarged. The left knee became swollen and painful, its articular capsule thickened and fluctuation could be felt. Soon after, the left little finger enlarged. The swelling in the toes and fingers consisted in a uniform enlargement of all the phalanges except an unusual swelling at the second phalanx of the right great toe. Integument red and tense. Articular cutaneous furrows effaced. Crepitation and abnormal movement in joints. Moreover, an inflammation of the body and articulations of the fourth cervical vertebra. Under a mercurial treatment, the swelling of fingers and toes subsided in about three months.

II.—A man, aged 50, having had gummy deposits in bone and connective tissue, and painful enlargement of the knee and wrist, noticed that his right great toe swelled gradually and uniformly and soon afterwards the second toe of the left foot. Uniform enlargement of the phalanges and simultaneous thickening of the soft parts. Movement impaired, but pain absent. Integument of the toes tense and resistant. Under mercury, some coexisting gummy tumors disappeared, but the swelling in the toes remained, with crepitation. The gummy tumors soon ulcerated again and the great toe became much larger. The phalangeal articulation of the second left toe became opened by ulceration. Harsh crepitation. Under tonics and iodine, the toes subsided entirely in about ten months.

Prof. Lüche also refers to three cases observed by Dr. Erlack, but does not give their details.

Berg's Case.—A man, aged 35. Initial lesion in 1854. During nine years, various cutaneous syphilides for which he took bichloride of mercury. In the ninth year, the first phalanx of his right middle finger enlarged. The swelling extended in its whole length, being seated in the bone of the first phalanx and further on in the soft parts. Finger sensitive to pressure. Swelling rapidly increased. Soon an hydrarthrosis was observed in the first phalangeal articulation, and a spot formed on the radial side of the enlarged phalanx, easily indented and crepitating slightly. In about a year the phalanx had become balloon-shaped, its circumference being more than five inches, while the corresponding finger of the opposite side measured a little over two inches. Length also much increased. Last two phalanges normal. Articulation between first and second much distended by fluid, and its ligaments loose and flaccid. Voluntary motion absent. No crepitation. Joint slightly sensitive to pressure. No lesion of metacarpo-phalangeal joint. Integument over enlarged phalanx normal but tense; movable on bone beneath, which felt evenly enlarged, but the spot on the radial side became thinner and pitted more on pressure, and, finally, a minute opening gave exit to a clear, viscid fluid. Probing showed a cavity but no dead bone nor sensitiveness. Swelling now gradually diminished, the incisions opening and closing at various intervals, giving exit still to a viscid fluid, which sometimes contained cheesy masses. In March, 1865, circumference of phalanx three inches, and length shortened about a third of an inch. Joint as before. Inunction was now instituted and sulphur-water drunk copiously. Finger rapidly reduced in size and fistula closed. In July, 1865 (the lesion having commenced July, 1863), still more reduced, and atrophied in length, being two-thirds of an inch shorter than its fellow on the other hand. Phalanx constricted at its centre, with a slight depression on its dorsal surface and a little enlargement of the epiphysis. Integument wrinkled and non-adherent. Periosteum not painful. Usefulness of finger nearly restored. No further lesion of syphilis.

Volkman's Case. Hereditary Syphilis.—A girl, aged 14, had a swelling of the upper part of the left ulna. Unhealthy till 20th year, then a gradual swelling in right wrist, left knee-joint and left ankle. Two years after this, her right foot swelled, skin over joint not involved; motion gradually lost, and pain on pressure. Knee-joint recovered its mobility in a year, left ankle-joint in five years; affection in right ankle disappeared, then recurred with greater severity. Coincident pain in head and limbs. Soon after, nodes on shafts of tibiæ and on frontal protuberances. Swelling in right wrist extended, after a few weeks, over dorsum of hand, involving the first and second phalanges of the thumb and the three adjoining fingers. Thumb, second and third fingers well in three months, but integument of index finger reddened on radial side and in about a year opened, discharging a little pus, but no bone; then closed, leaving motion of finger impaired. In her 28th year, a swelling appeared on the ulnar side and dorsal surface of the left hand, reddened and extended to the integument of the first and second metacarpal bones. An incision made became gradually a large ulcer, which slowly healed, leaving a fistula at the base of the metacarpal bone. This also healed later on. In the year following, the first phalanx of the thumb of this hand enlarged, and in a year more the last phalanx also. Coincidently, the first phalanges of the first and second fingers and the whole of the third right toe became enlarged. The course here was more acute, requiring several incisions. Has been unsuccessfully treated with non-specific remedies for sixteen years. Now, January, 1869, badly nourished; nodes on frontal tuberosity; spleen much enlarged. Right wrist slightly flexed and fixed; styloid processes prominent. Integument over the affected points tense and in some spots livid. Small fistulæ and cicatrices on dorsal surface of hands. Probe passed into fistulæ detected spongy tissue, but no denuded bone. First phalanx of index finger of right hand shortened, and so constricted in centre that it was nearly divided and very mobile. The two other phalanges normal. Middle finger much emaciated; the second phalanx in a position of super-extension; the first slightly flexed. Bones unchanged in form, but atrophied; integument, joints and tendons normal. On dorsum of left hand a large, smooth, movable cicatrix, adjoining a small retracted spot at the base of the first metacarpal bone, which was atrophied, producing a marked shortening of the thumb. First phalanx of the middle finger much swollen and obliquely perforated by a sinus, the bone completely divided into two parts by an intervening newly formed tissue. The two phalanges of the thumb and the first phalanges of the index finger and right middle toe were swollen, but there was no sinus nor solution of continuity of the bone. Femur, knee and ankle normal, but nodes on the tibiæ; the shafts of which were thickened. Under chloroform, the last diseased phalanges were incised, and the granular deposit scraped out. This texture was slightly vascular, soft, yellow and dry. No pus, though found in the sinuses. Some material found under integument of index finger. Incision healed rapidly. Middle finger shortened; incised for pus. This freed, the synovial membrane and cartilages of the exposed metacarpo-phalangeal joint were seen to be healthy. The swelling of the toe retrograded without local treatment. The patient took iodide of potassium from January, 1869, until the latter part of April, with an astonishing effect upon the osseous lesions. At this time she was seized with very profuse hæmorrhage from the stomach and bowels, which resulted in death.

McCready's Case.—Man, aged 43. Index finger deformed and shortened, its extremity scarcely reaching the joint between the first and second phalanges of the middle finger, the first phalanx having shortened to one-fifth of its length. Metacarpo-phalangeal joint and lower end of metacarpal bone absorbed; new joint between it and remains of phalanx, on a level just above the line of the knuckles. Soft parts in excess and bulging. New joint movable, but patient had lost control over it, and flexion and extension imperfect. Second phalanx of ring finger reduced to a fourth of its length, and the joint of the second and third swollen and stiffened. No scars. Reported his parents and a large family of his brothers and sisters as healthy. Had had a chancre twenty years back, but no eruption or sore throat. Nasal arch flattened, as in syphilis, from a blow with a musket in the war. In the latter part of 1864, knees, ankle, and index and ring fingers of right hand much swollen, especially first phalanx of index and second of ring finger. Pain and tenderness, worst in length of tibiæ, particularly of the right, and in lower fifth of right ulna and radius, and was aggravated at night. Relieved by iodide of potassium, whenever recurring for the next two years. Swelling of the fingers diminished slightly, and then increased again at intervals of two or three months, but subsided after two years, leaving the fingers in their present condition. Never any discharge, nor was skin of fingers ever broken.

Archambault's case is, of its kind, unique. An early lesion of hereditary syphilis. An infant, whose mother had tertiary syphilis, had mucous patches and an enlargement of the last phalanges of the fingers. At first regarded as false spina ventosa and unsuccessfully treated by anti-strumous remedies, but, when mercury was given, the mucous patches soon disappeared, and the bones were reduced to their normal size.

An analysis of these cases enables us to divide them into two classes:—First, that in which the subcutaneous connective tissue as well as the fibrous structures of the articulations and the phalanges are involved; second, that in which the morbid processes begin in the periosteum and bones, and secondarily implicate the joints, and may or may not be accompanied by deposit in the subcutaneous connective tissue. The clinical history of the two is different. Lüche's cases and my own are types of the first variety, and those of Berg, McCready and Volkman, of the second. The neoplasm deposited is that immature form of connective tissue called gummy material. It is deposited, as a rule, more copiously over the dorsal than over the palmar and plantar surfaces, Nélaton's case being the only exception, and may develop slowly or rapidly.

When gummy tumors are developed where connective tissue is very loose and abundant, as, for instance, over the glutei or gastrocnemii muscles, they may be recognized at an early stage as small, movable, isolable tumors, with movable integument. Later, they adhere to the derma, and perhaps to the deep tissues. This is rare if they are formed over bony surfaces, where the integument is more closely attached and the connective tissue less. Here, as a rule, they are attached from the first to the deep layers of the corium, sometimes even seeming to reach the periosteum. No one has yet described an isolable condition of the gummy tumor in the fingers or toes, it being always adherent to the corium, as when developed over the tibia. Such tumors, like those elsewhere, when not over nerves, retain their normal sensation and are free from pain, interfering, however, often with prehension and locomotion. Their chronicity varies with their density of structure and localization. They are liable to relapse, and also to augment in volume after a period of indolence. The usual necrotic tendency of gummy tumor seems wanting here, for there is no recorded case of phalanges denuded by superficial gummy destruction, a condition sometimes, though rarely, observed over the dorsal surface of the metacarpal and metatarsal bones. But gummy tumor is not the sole product of late syphilitic inflammation; there is also a proliferation of normal cells, and the co-existence of these two conditions may explain the gradual absorption rather than molecular death. Then, too, in the fingers and toes there seems to exist a peculiar reparative tendency, as evinced in lesions of traumatism. Tumors of my first class are violaceous in color, tense and resistant to the touch from the density of the material, and give no marks of a colloid nature, though coincident with colloid gummy tumors elsewhere. The lividity decreases with the absorption of the gummy deposit. The nails, as a rule, escape synchronous depositive or destructive change; and when in the tertiary period the nail is destroyed, it is by ulceration involving the matrix and sulci of the nail without any osseous lesion.

When the fibrous structures of the joints and bones are attacked, we notice, coincidently with, or soon after the deposit in the connective tissue, a thickening of one or more phalanges and of the articular capsule, generally of the first phalangeal joint, from gummous deposition, not copious, and disseminated in small portions through the tissue, causing a honey-comb appearance after its absorption. The ligaments, after filling up these perforations, tend sometimes to contract slightly. During the progressive stage of this lesion, there is decided impairment of motion, at times diminution, at others excess, though not responding to volition. In its final stage, it may leave the joint nearly normal or permanently impaired. The thickened condition and impaired nutrition of the ligaments reacts sometimes upon the synovial membrane and the articular cartilage, the latter being implicated in each of the cases in which the deposit has been chiefly subintegumentary, while in Berg's case, in which the lesion was chiefly osseous, a synovitis was observed. A crepitation, more or less rude, I observed for the first time in the third month of the articular and periarticular trouble, due undoubtedly to some change in the articular lamellæ of the cartilage; as, for instance, erosion from impaired nutrition, since the cartilage is nourished by plasma from the vessels of the synovial membrane and of the ligaments. At the same time, I do not deny that gummy tumor ever occurs in articular cartilage. In the synovial sheaths of the tendons it has not as yet been found. This first variety of dactylitis syphilitica generally co-exists with grave lesions of the bones, joints, integument and viscera, and is always the expression of a profound syphilitic dyscrasia. It is generally observed in patients who are past middle age, though in two of Erlack's cases it occurred in young people. In four out of the seven cases it was observed in men. It may occur both early and late in the tertiary period. The deformities produced are not of a very serious character.

[To be concluded.]

ALOPECIA FURFURACEA.

(Concluded from page 355.)

THERAPY.—It is mostly in alopecia furfuracea that those affected are induced to seek professional aid. Patients desire this generally on account of the baldness alone, and want to have first the excessive falling of the hair stopped, and second the hair to be made to grow again upon the bald places. The abundant formation of scales is seldom noticed by them, and still less frequently have they any knowledge that the one gives rise to the other. On this account medical advice is sought as a rule only after the hairs have become thin, after the affection has existed some four or six years.

The treatment must mainly be directed to control the seborrhœa, and with its cure the alopecia is often partially or wholly relieved, without it never. The remedies to be used against seborrhœa are both local and internal.

Local Treatment.—The scales upon the scalp must first of all be softened with oil, and then removed by washing. Olive-oil is to be rubbed thoroughly and in sufficient quantity into the scalp by means of a small sponge or piece of flannel, and the head is then to be enveloped in a hood of flannel. This is best done in the evening. When the scales are of considerable thickness and very dry, the oil may be rubbed in energetically every two or three hours. After twelve or twenty-four hours of this process the scales become so soft that they may be rubbed to pieces with the finger and detached. The washing is now undertaken, and for this purpose any good common soap may be used. The best, however, is a spirit of soap, because both the soap and alcohol dissolve the fat and the latter acts also slightly as an irritant upon the sebaceous glands, and so has a curative as well as preparatory action. But the most applicable to this purpose is the spiritus saponatus kalinus of Hebra. This is prepared by digesting sapo viridis in half the quantity of the strongest rectified alcohol for twenty-four hours, then filtering, and perfuming by the addition of oil of lavender. A sufficient quantity of this spirit is poured upon a flannel cloth, or some other coarse fabric, and rubbed into the scalp, the cloth being dipped in warm water from time to time, as often as the soap collects in excess upon the hairs by evaporation of the alcohol. The occasional addition of water produces a lather, as when other kinds of soap are used. After the scales and crusts are well detached from the scalp, the hair is washed with cold or warm water until it runs away entirely free from the soapy mixture. A cold douche may be substituted with advantage for this washing. The whole process of washing with the soap and douche may be conducted in the vapor-bath, and in this way the softening action of the warm vapor upon the scales, and on the other hand the slightly irritating influence of the cold douche upon the skin, assist in producing the desired effect. The oiling has to be repeated only during the first few days, as long as the crusts of sebum continue to be produced in considerable quantity and thickness. The washing and the douche, however, must be daily used, for which the evening is the best time, and with both men and women. After the washing is over, the hairs are to be combed out, and any scales still adhering are to be detached with the comb. The hairs are then to be left loose, and with women not arranged until they are thoroughly dry.

The first few days the patients lose to their great horror during the washing and combing a great quantity of hair, so that they appear much more bald than before the beginning of the treatment; and they are to be warned of this unavoidable and easily explained circumstance beforehand. There are many hairs, the roots of which are already atrophied, which are very loosely seated in the hair follicles, and these already ripe for falling, are pulled out during the washing. Many hairs fall, too, which are already detached from the follicle, but are held in their places by the crusts of sebum. The loss affects, therefore, only hairs which would fall at any rate, although not simultaneously if undisturbed.

Subsequently washing with brandy can be substituted for the spiritus saponatus, or with alcohol, in which may be dissolved some of the substances to be hereafter mentioned; but I attach great importance to the continued use of the tincture of soap or other alcoholic washing in the treatment of alopecia furfuracea, and these of themselves are often sufficient to relieve both seborrhœa and alopecia. The alcohol deprives the epidermis considerably of its fat, so that it becomes dry, and a new kind of bran-like scurf forms, like pityriasis. On this account it is necessary, after every application of the soapy spirit and after the hair has become dry (in from one to three hours), to rub the epidermis with fat, either in the form of oil, simple fat, ointment, or more complex pomades.

Such is the general plan upon which alopecia furfuracea is to be treated.

It will be seen, however, that it is directed against the seborrhœa as the most immediate cause of the alopecia; although it were very desirable that means should be discovered also for stimulating the production of the hair after overcoming the former. Crude empiricism and desire for gain in public trade have for a long time tested the credulity both of the laity and the profession in this direction with various drugs and methods of cure, without being followed by any more successful results than the recent experiments of Pincus.*

First of all, cutting the hair once, or repeatedly from time to time, has the reputation of stimulating its growth. Calculation has, 'tis true, demonstrated the fact that a hair taken as the sum of the fragments cut off from time to time possesses a greater length than it would reach, *cœteris paribus,* if it were never cut; but this only shows that a hair which has been cut is disposed to grow more quickly. This, however, is of no advantage so far as its normal period of existence is concerned, upon which everything depends.

On the other hand, it is known that with girls who have very long hair, this never afterwards attains its original length when once cut off, and finally the cutting has been proved to have no influence over the follicles which do not produce sufficiently thick or long hairs, that is it has no effect upon the abundance of the growth. Cutting the hair, therefore, offers on the one hand no advantage, on the contrary, a disadvantage on account of the immediate absolute and later relative shortening, and is, therefore, however popular in some places, to be advised against.

In general, slightly irritating and astringent substances have been recommended in alopecia, more on the ground of vague theory and a desire to help, than from any result which has been attained or successful experimentation. Experiments were made by Pincus upon the hairs of the fingers, with the result rather of bringing certain substances hitherto considered reliable into discredit than of establishing confidence in them. Oleum sabinæ and natrum bicarbonicum, which he found the most effective, are, according to his own account, inapplicable, for the former colors the hair reddish-brown, and the latter makes it break easily.

If it is to be believed that a slight irritation of the cutaneous glands or an astringent action can have any beneficial effect, then especially to be recommended are tannin, quinine, veratrin and tinctura cantharidum, but only in such quantity and mixtures as not to irritate sufficiently to cause eczema or inflammation. To these may be added alcohol and ether which irritate the skin and dispose its elements to contract by abstracting heat during evaporation. These remedies may be used, therefore, in combination, by painting or washing the scalp with alcoholic-etherial solutions of them, which work both against the seborrhœa and for the purpose last mentioned. A solution of about 12 to 20 grains of tannin or veratrin in six ounces of alcohol with a slight addition of fat, or the following, for instance, to be rubbed in morning and evening with a brush:—℞. Tannini pur., *gran. duodecim;* spir. vini rectif. *unc. quinque;* spir. lavendul., *unciam;* æther sulphur., *drachmas duas;* glycerrhin., *uncian semis;* olei bergamot., *gutt. decem.* A scruple to half a drachm of tincture of cantharides may also be used in a similar solution.

As fat must be applied externally to the scaly epidermis to supply that which has been removed by these washings with soaps and alcohol, it is better to use for this purpose such ointments or pomades as may contain also any of the above or similar substances in the proportions given. Of such, that of Dupuytren, of the following composition, may be mentioned:—℞. Medullæ ossium, *uncias duas;* extracti chinæ frigide parati, *drachmas duas;* tincturæ cantharidum, succi citri recens expressi, *ana drachmam;* olei de cedro, *scrupulum;* olei bergamottæ, *scrpl. semis.* Another, which is variously modified in trade, the so-called tanno-chinin pomade, may be prepared according to the following formula:—℞. Butyr. de cacao, *unciam et semis;* liquefactis admisce sempit. agitatione, sulfat. chinini, *scruplum semis* (in aliqu. guttis acid. sulf. et uncia semis aquæ rosarum soluti), dein adde; olei citri, *drachmam semis;* olei bergamottæ, *scrupulum;* olei lavendulæ, *guttas viginti;* tannini, *scrupulos duos* in tinct. cantharid. *drachma una* et aquæ coloniensis *drachmis tribus* soluti. Misce exactissime. As will be seen, everything is here brought together which has ever been recommended for such purposes.

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* On the treatment of Alopecia pityrodes, Archiv f. Physiol., &c., Bd. 43, pag. 305 et sequ.

A little less complicated, but less elegant, is the pomade sold by apothecaries under the name unguentum gemmarum populi, and prepared as follows:—℞. Gemmarum populi recent. contus. *unciam;* axungiæ porci depurat. *uncias sex;* aqu. rosarum, *drachmas duas et scrupulos duos,* coque ad humidi consumptionem, deinde exprime et adde: ceræ flavæ *unciam.* Liquefactæ cola et semirefrigerata agitentur addendo: olei citri, olei bergamottæ, olei rosarum, *ana scrupulum semis.* Misce.

I need not say that these last measures are rather adapted to meet frequently occurring practical necessities, and are in no way a part of scientific therapeutics. As regards the latter, it may be maintained that alopecia furfuracea may be cured in the first years of its existence, if the seborrhœa which lies at the bottom of it be removed; and that this can be controlled by means of the energetic use of the spiritus saponatus kalinus, the alcoholic-etherial fluids already mentioned, and by occasionally anointing the epidermis, when it becomes dry, with fat.

This method of local treatment is, to be sure, perfectly sufficient to control temporarily the seborhœa capillitii; but to permanently prevent its return, and in this way to allow the after-growth of the hair to be undisturbed, it is necessary that the cause of the seborrhœa itself should be overcome, and this in the majority of cases is chlorosis and anæmia. In addition to such local remedies, therefore, in women, and in connection with strengthening diet and healthful ways of living, iron is to be employed in the form best adapted to the individual, with or without rhubarb, aloes or jalap, and constantly, or with short interruptions from four to six months, or even longer. Cold bathing in summer, or a rational cold-water cure, are likewise to be recommended.

With men, under these circumstances, I have sometimes found myself obliged, on account of chronic gastricismus, to give, in place of the iron, a mixture of equal parts of bicarbonate of soda, phosphate of soda, carbonate of magnesia and sugar, a coffee-spoonful dissolved in water three times a day and for several weeks. Under its use the gastric catarrh, debility, indigestion and costiveness disappeared. In summer, appropriate mineral waters and hydrotherapy are of use. A combination of the iron with arsenic (the liquor ferro-vinoso-arsenicalis of Wilson and its modification by Hebra) is also advisable. All these remedies must be used in connection with the local treatment and be continued for months. The same means are available also for the defluvium capillorum which follows debilitating affections in general (typhus, rheumatism, puerperal processes, &c.), whether in consequence of simple disturbance of nutrition or from a seborrhœa of the scalp brought on by the anæmia.

As before stated, alopecia may arise in consequence of the seborrhœa which occurs after variola and in the course of syphilis. The method of treatment in such cases is identical with that after seborrhœa from other causes, but with the former the local treatment is generally sufficient, inasmuch as the seborrhœa is more frequently the result of the local variolous processes than of anæmia and chlorosis. In alopecia venerea ex seborrhœa, on the other hand, I can recommend, in addition to the alcoholic applications, the use of white precipitate ointment (½ to 1 drachm to the ounce of lard), as very serviceable. A general anti-syphilitic course, however, is only to be proposed when in addition to the seborrhœa other syphilitic appearances upon the skin, the bones, &c. are present.

For the loss of hair which occurs in consequence of local syphilitic infiltrations and ulcerations, eczema, erysipelas, acne, sycosis, favus, lupus erythematosus, herpes tonsurans, &c. of the scalp, the treatment appropriate to the affection in question is alone to be pursued.

Sir William Fergusson has proposed to form a national collection of surgical instruments, to be placed in the museum of the College of Surgeons, London, to illustrate as far as possible the progress of surgical art in Great Britain, and the improvements made from time to time in surgical appliances and instruments.—*New York Medical Journal.*

Reports of Medical Societies.

MASSACHUSETTS MEDICAL SOCIETY.

Second Day's Proceedings.

The annual meeting of the Society was held at the hall of the Lowell Institute on Wednesday, June 7th, at 10 o'clock, A.M., the President in the chair.

After the reading of the Secretary's minutes of the last annual meeting, the list of officers for the ensuing year was read.

The Treasurer presented his annual report.

The names of the following delegates from other State Societies were read:—Maine, Dr. T. A. Foster; New Hampshire, Dr. S. L. F. Simpson; Vermont, Dr. J. M. Stiles; Rhode Island, Drs. E. D. Caswell and Sylvanus Clapp; New York, Drs. J. C. Hutchinson and Jona. Kneeland.

Dr. Cotting, chairman of the committee appointed by the Councillors, presented to the Society the resolutions acted on at the last Councillors' meeting (see last number of the Journal), and moved their adoption by the Society.

Dr. DeWolf, in seconding the motion for the adoption of the resolutions, said that, as a member of the committee, he felt the resolutions needed little explanation, for they explain themselves. It had been the conviction of many members of the Society living in Western Massachusetts that the action contemplated in the resolutions should have been taken long ago. There are many practitioners, once reputable members of the Society, who have become irregular in practice and disreputable, but who rely on their membership still as a protecting wing. Such a condition should not continue.

It has been objected that the resolutions do not give extended authority. But let it be remembered that what is every man's business is nobody's business, and the objection which an individual member of the Society would feel in preferring charges against a Fellow is removed by the action of the contemplated committee. He hoped that never again would the disgraceful spectacle be seen in this Society of an irregular practitioner proclaiming from the platform of the Society his irregular practices, and taking his seat subsequently, defying removal.

The execution of the proposed resolutions is easy and practicable. If it be not so, then is our organization faulty, and if the authority cannot be had to protect the Society from such wrong, then it had best be broken up, and a new organization formed which will secure authority and will do away with affiliation with irregular practices.

The resolutions were enthusiastically adopted, with but one dissenting vote.

Dr. Cheever, of Boston, exhibited a boy on whose elbow he had operated by removing the entire joint, for disease, eighteen months before. The wounds had closed, the motion of the elbow was restored, and the arm was strong and useful.

The operation was performed by subperiosteal section, a single incision being made posteriorly. The condyles were now reproduced and the muscles had re-united to them. The only applications made were cold water and, occasionally, liq. sodæ chlorinatæ.

Scientific papers were then read as follows:—

Dr. John Dole, Amherst, on the Practical Aspects of Medical Science.

Dr. W. C. B. Fifield, of Harrison Square, on Helps in Practice.

Dr. Thorndike, of Boston, related a case of forcible intrusion of a stone into the abdominal cavity, which was published in the Journal of July 7, 1870. He also exhibited the stone mentioned.

Dr. Morrill Wyman, from the Committee on Prizes, appointed three years ago to examine papers which might be offered for a ready, cheap and effective method of ventilating sick rooms in ordinarily built houses, reported that 26 dissertations or plans had been received, and after due consideration they had awarded the prize to the author of the paper signed X. Y. Z., which combined simplicity, cheapness, effectiveness and readiness of application. The writer, who refuses to allow his name to be known, requested that the prize money ($50) be used to make known the plan proposed in the manner and with such changes as the committee should direct. The paper was referred back to the committee, for their action in concurrence with that of the Committee on Publication.

Dr. Martin, of Boston Highlands, showed a catheter, and related a case in which he had employed it. He also displayed Dr. Gordon's splint for the treatment of Colles's fracture of the radius. He had received, and, after the close of the meeting, exhibited three preparations, designed to illustrate, both by the sight and the touch, the characteristics of venereal and other skin diseases. They were made by an artist in New York, and Dr. M. considered them superior to those recently brought to Boston by Drs. Wigglesworth and Fifield. They could be furnished also at a much lower rate.

At 1 o'clock, the annual address was delivered by Dr. H. J. Bigelow, of Boston.

He announced his subject as "Utility in Medical Education"; he said a medical school should furnish a plain, sound education, without error and without ornament, but the excellence of a practitioner depends far more upon good judgment than upon great learning. He advocated the importance of a well proportioned medical study. Mathematics, physics, botany, comparative anatomy, physiology, chemistry, as subjects of study, are all secondary to those essential and united parts of these collateral sciences, whether principles or details, which have been actually applied to medical diagnosis and therapeutics—secondary, in short, to the study of medical science and medical art, and the teacher should not direct the student's attention towards these in sacrificing what is more essential. There is a fallacy in the idea of general cultivation; the best physicians are sometimes possessed of little outside cultivation. Prussian success resulted from organization, discipline and drill; these they more readily attained in virtue of their high average intellectual level, and it was their good fortune that their earlier education had been so complete.

Let us have liberal education in its widest sense, the highest education possible to the whole mind and the whole body of the largest number everywhere—but let us begin at the beginning and teach the child, and not at the end; and when the medical student comes to you with three scant years which you cannot extend, and preliminary acquirements which you cannot then increase—small capital enough for the study of human disease in all its modern interpretation—do not send him wool-gathering among the abstract and collateral sciences.

The subjects of medical education were alluded to in detail. The practice of vivisection was adverted to with some severity. Anatomy, pathological anatomy, and especially pathology, offered the most profitable field for the student's work.

There is no government or central power in medical education in this country. The American Medical Association has endeavored by vote to constitute itself such, and also to rule State Societies; it will be impossible for it to accomplish either of these objects.

The Massachusetts Medical Society is a corporation with no power except that which it derives from its own charter, and under this charter must act as other corporations do, by the votes of its members at legal meetings, and of its officers within the scope of their authority. It cannot delegate to another corporation, or to a voluntary association, the power to make its by-laws, or to prescribe rules for its action. If its members choose to obey the rules of any other association or corporation, it is their individual act, and not the act of the Massachusetts Medical Society; and no such action on their part can bind it, until it is ratified by the Society. The same line of reasoning applies to the medical schools as to the general attitude of the M. M. S. This Society, the medical schools, and the medical community can well afford to attach little importance to such of the labors of the American Medical Association as seem skilfully designed, under the specious pretext of setting things right, to set men wrong. A body of so uncertain temper and impulsive action obviously has no authority to express even public medical opinion.

The machinery of medical education was now considered, and the modern German medical school characterized as offering the greatest advantage to the student of the present day; on the one hand, from a high standard of study and teaching, insured by a University organization impossible to this country, on the other by the facility with which the student can procure an excellent private course upon any strictly medical subject—the whole originally based upon and growing out of a national proclivity of the German mind to instinctive labor—the patient routine of the bee, rather than the expanding aspirations of our own country.

The address closed with allusion to the changes now recently adopted in the Harvard Medical School, the general policy of whose teaching had for many years been in this direction. The recent decided action was unequivocally in the right direction. The orator disclaimed any individual credit for it, except so far as he had endeavored to give to it a practical and working character, and had endeavored to make it conform to that enlightened medical public opinion which in this country is the only solid basis of medical education, and which, as he interpreted it, opens to the student unlimited scientific opportunity, but demands only medical competency.

(To be concluded.)

Medical and Surgical Journal.

BOSTON: THURSDAY, JUNE 15, 1871.

CRITICISM ON "TWO CASES OF STRANGULATED HERNIA."

WE have no space to give in detail the two remarkable cases named as above and reported by the "Professor of Surgery in the Galveston Medical College"; but we are sure our readers may gain some amusement if not instruction from the perusal of the second case, which we give verbatim from the *Galveston Medical Journal* of April 1, 1871.

"Mr. J. Q., æt. 30, butcher, applied to me for relief of a tumor in the left inguinal region, on Jan. 12th, 1871. I found a tumor the size of the fist just above the illio-pubic legiment, (Poupart), very tender and somewhat edematous. He had on a truss, but said it was so painful he could not bear it. I tried to reduce it and as I believe succeeded but as it is was still so I could not insert my fingers. I suspected that there were adhesions and therefore, requested him to call the next day. Which he did, but was much worse, having taken off or loosened the truss. I tried again to reduce it but could not lessen the tumor in the least even after putting him under chloroform. I was satisfied from the œdematous feeling that it was bordering on a state of mortification and that an operation would alone releave him and proposed to operate that evening, to which he consented. So assisted by Dr. C. H. Wilkinson and Dr. S. G. Haynie and putting the patient under chloroform, I proceeded to make the usual incision and cut on a tumor the size of the testicle and looking very much like a testicle with the epidydimous attached, quite brown and in a state of mortification. This was removed with two small inguinal glands and the pedicle of the largest came out from under the Ilio-pubic ligament and it was organized as a firm substance apparently within the cavity of the peritoneum I say apparent for it was so disorganized and in a state of decomposition that I could not speak positively as to its exact nature. It was larger than any two ordinary inguinal glands and as before stated resembled the testicle but, as there were two well developed testicles in the scrotum, this could not be the case. It was believed by us that was a misenteric gland and that the protrusion had set up inflammation and closed the rupture by adhesive inflammation. It appeared to pass through a round hole and to be firmly adhered on all sides so, I cut it off and washed and cleared it out and closed the wound with silver wire ligature; using my curved-double-spear pointed needle for passing the ligature. He recovered very slowly—and for a long time could not straighten his leg, it continued to discharge some puss for two or three months but finally healed up and he became perfectly well and has remained so up to the present time.

"REMARKS.—This was a singular case and one in which the diagnosis was clear, but from the previous history, obtained from the patient since his recovery. I am disposed to believe this was a large inguinal gland that in lifting a side of beef in the market last winter, it busted out from under Poupart ligament and rose above it into the cellular tissue, hence its apparent reduction on the first day. I believe it would have proved fatal without the operation as it was thus strangulated."

We fear that our cotemporary who, to his professorial duties, unites those of the Editorial chair, has failed to make quite clear either to his own mind or the minds of his readers the exact state of his patient's case. He starts with the idea that he has "a case of strangulated hernia" to deal with, by which we are led to understand, as nothing is said to the contrary, an incarceration of some portion of the intestinal canal; he ends by considering it an inguinal gland which had "busted out from under Poupart ligament." The largest "gland" removed "was organized as a firm substance apparently within the cavity of the peritoneum"; but is thought to be an *inguinal* gland, or, as the terms seem to the Professor synonymous, perhaps a "misenteric gland." The author believes the "tumor" to have been a mesenteric (or inguinal) gland; but that its strangulation would have been fatal, as if it had been a case of incarceration of the intestines themselves. Fortunately, the patient recovered; though what may have been his disease and how far his cure may have been the result of treatment at the hands of the surgeon, we are unable, judging from the printed record, to say.

THE following remarks upon the relations of a medical school to a university, from Prof. Bigelow's Address before the Massachusetts Medical Society, may be of use at this time.

"Most American medical colleges are virtually close corporations, which receive the fees of students, and are administered under a board of trustees by their professors, upon whose tact and ability success depends.

"The supervision of a medical college by a university has certain advantages. It may ensure activity in the professors, and, if exercised with constant reference to the possibility of thereby inducing changes for the better, is thus an antidote to excessive conservatism.

"Such wise direction from outside may fairly share the duty of seeking candidates for the professorships, in sifting their qualifications—and while it thus aids them in entering the school, encourages them also in leaving it, if their teaching is notoriously inadequate. It stands between the school and the community, especially the medical community, in satisfying them of the impartial character of appointments, the conscientious labor of teachers, and their deliberate devotion to the best interests of education. It may satisfy the community that the questions of the day, having a direct relation to the best method of teaching, have received careful attention—in short, that the main object of the school is the welfare of the student and the elevation of true medical science, and not the emolument, direct or professional, of the instructors.

"But medical teaching should not be too much interfered with, nor its machinery harassed or hampered by those who are not familiar with its working.

"A large part of medical teaching—perhaps, on the whole, the one most important part, or, at any rate, one which is second to no other—is the clinical instruction of hospitals, which it is quite plain can never be, in this country, as in Germany, in any way within the jurisdiction of a University. Again, a University, outside of its medical teachers, can know little or nothing of the complicated lines of division between medical subjects, or of their relative importance. But another consideration lies deeper. A University cannot judge accurately of medical men, in a community where solid scientific distinction and mere notoriety in practice are largely confounded. While in France and Germany, as we shall presently see, the scientific merits of candidates for the higher places have been publicly sifted and proclaimed, no such system prevails or can find place here; and while in this country professional prominence is often, therefore, of uncertain character, and you may readily mistake in the teacher eloquence for science, abroad it is well understood that in medicine the most popular teaching may not be the most profitable to the student. If you add that in this country medical teaching is generally esteemed, not, as in Germany, as in itself an end, but as a means, as a road to the medical practice which is here the ultimatum of every medical man, you subject your University authorities to outside pressure for place and preferment, which they may be equally unqualified to judge of and unable to resist. The policy of enlarging a Faculty by an indiscriminate addition of professors might grow out of an erroneous belief that you can teach medical facts from books by acceptable tutors, as you can Greek or Physics. The reverse is notoriously true. The teacher of the higher medical branches must filter, digest, and recast book facts, to a degree that implies large actual experience and sound judgment. For these reasons, while formal appointments are better left to the University, I am satisfied that nominations, as in Germany, should be formally delegated to the Faculty. And the same is true of the establishment of professorships, and of the general organization of the school.

"A University should rely largely upon the guidance and wisdom of those to whom it does not hesitate to entrust its teaching, and may well hesitate to ignore their advice and assume more than a general supervision over machinery which has direct relation to the medical community and to the rest of medical teaching throughout the country; a teaching which, to insure success, must be largely an anomaly, when compared with other departments of the University. If it desires to secure the services of medical men of competence or eminence, it will maturely weigh the question, how it can compensate them—whether by professorial position, which, if you make it common and cheap, ceases to be desirable—by entrusting them with discretion and authority, which, if you reduce them to the rank and file of tutors, and rule them by a non-medical and comparatively uninstructed interference, they no longer possess—or by money, which in the higher branches of medical teaching will necessarily be considerable in amount."

Deaths from Chloroform.—In accordance with the suggestion contained in the Journal of March 30th, we give a list of deaths from the use of chloroform, with the name and date of the journal where the details may be found. The same plan has been adopted by our cotemporary, the *New York Medical Journal*, and to it we are indebted for a number of the cases cited. We believe it to be a duty to put such accidents on record, and shall be indebted to correspondents who will mention to us those which escape our notice.

1.—Reported by Mr. Withers, Salop, Eng. *Brit. Med. Jour.*, 25 March, 1871. Male. Case of fistula; 3½ drachms used. Alleged cause of death, paralysis of heart.

2.—Dr. Sylvester, Swansea Hospital, Eng. *Brit. Med. Jour.*, 22 April, 1871. Male. Fracture and dislocation of ankle.

3.—Mr. Wilmslow, Cheshire, Eng. *Brit. Med. Jour.* 22 April, 1871. Male. Case of anchylosis of knee; 1½ drachms used.

4.—Dr. W. T. Briggs, Nashville, Tenn. *Nashville Jour. of Med. and Surg.*, February, 1871.

5.—Dr. J. F. Bancroft. *Denver Daily Tribune*, 3 March, 1871. Male. Case of dressing finger after amputation; less than half an ounce used.

6-17.—Dr. W. W. Dawson, Cincinnati, O. *Cin. Lancet and Observer*, January, 1871. Twelve cases.

18.—*London Lancet*, 24 December, 1870. Male. Case of operation for fistula in ano.

19.—Mr. Powers, Westminster Ophthal. Hospital, Eng. *London Lancet*, 28 Jan., 1871. Male. Case of operation for iridectomy; 1½ drachms used.

Dr. Josiah Noyes.—At a meeting of the Norfolk District Medical Society, Dr. Burgess reported the death of Dr. Josiah Noyes, of Needham, on the 6th January, 1871. Dr. N. was born in Acton, Oct. 8, 1801, and was therefore in his 70th year. He studied medicine with Dr. Dunbar, of Westmoreland, N. H.; received the degree of M.D. at Dartmouth College in 1825, and settled in the east part of Needham the same year, succeeding Dr. Gould. He taught school during the first winter's residence in Needham, having two patients in the first term, but his practice soon increased, obliging him to give it his exclusive attention. He married in 1835, and his widow survives him. He died of congestion of the lungs, supervening on a cold, contracted while attending a case of tedious labor. Other and long-standing disease added to his prostration. He had efficient and the kindest attention from Dr. Townsend, of Natick.

Dr. Cotting said that Dr. Noyes was modest and retiring to a remarkable degree; few knew of his great acquirements in Botany. A degree of pressure little short of forcing, produced the papers on the Botany of Norfolk County which he read before the Society, and which were scarcely appreciated. They were no sooner printed, however, than they were copied and republished far and wide. He was a worthy and good gentleman, kind-hearted and devoted to the interests of the profession. A curious trait in his character was the way in which he was annoyed upon compensation being offered for his services.

Dr. Hayes said that in former years he had made botany somewhat of a specialty, having made quite a collection of plants at home and abroad. He felt qualified to endorse the gentlemen of the Society in the praise awarded to the late Dr. Noyes, of Needham, for his botanical knowledge. Some time since, when Dr. Noyes read before the Society his botanical papers, bringing with him with several plants for illustration and analysis, he could not help observing how remarkable was his originality and knowledge of botany. The accuracy of his descriptions of plants, with their habits as found in different localities, indicated that he was a close observer of nature as well as a lover of science. Though Dr. Hayes knew that Dr. Noyes possessed no ordinary knowledge of botany, still he felt sure that this attainment was not superior to his great modesty and Christian virtues.

The President, referring to the tribute which had been paid by members to the memory of their late excellent and valuable associate, remarked that a man of Dr. Noyes's character would have much preferred a warm, spontaneous offering like the present to any formal resolution and elaborate eulogy.

Lacto-phosphate of Lime.—We are indebted to Prof. B. W. McCready for the following note on the lacto-phosphate of lime:—

There are strong grounds for the belief that, besides being a necessary ingredient of the hard parts of vertebrated animals, the phosphate of lime is intimately connected with the process of cell-formation. According to Lehmann, it is found in appreciable quantity wherever cells or fibres are formed, even in those inferior animals in the hard parts of which the phosphate is replaced by the carbonate of lime; it is more abundant in the plastic secretions from wounds than in the serum of the blood; it is less abundant in the venous blood derived from parts, as the muscles, in which the metamorphosis of tissue is greatest, than in that coming from parts of inferior vital activity.

The phosphate of lime has been recommended in various forms of imperfect or depraved nutrition, particularly in cases of rickets; and the experiments of Milne Edwards seem to show that, under its use, fractured bones in dogs and rabbits show a quicker and more abundant formation of callus. It, however, has never obtained the general confidence of the profession. In a series of articles in the *Archives Générales de Médecine*, for December, 1869, and for January and February, 1870, Dr. L. Dusart reviews the whole subject, and, attributing the unsatisfactory results heretofore obtained to the great insolubility of the ordinary phosphate, recommends the use of a new preparation, which he terms the lacto-phosphate of lime, in which the lime-salt is dissolved in free lactic acid.

M. Dusart finds—1. That the lacto-phosphate of lime injected through a fistulous opening into the stomach of a dog, during digestion, is not precipitated by the contents of the stomach, but remains dissolved in the chyme.

2. That in comparative experiments made on guinea-pigs, in which the bones of one of the extremities were fractured, that in the animals submitted to the action of the lacto-phosphated lime, the callus was more voluminous, and the consolidation of the bone more perfect, than in those submitted to a similar regimen, with the exception of the lime-salt.

3. In four cases of tardy union of bone observed in the Hôpital Beaujon, the administration of the lacto-phosphate was attended with marked improvement of the fractured part; in three of the patients, the appetite was at the same time greatly increased.

4. In a number of cases of rachitis, the influence of the lacto-phosphate was well-marked, the children rapidly improving under its administration, the appetite at the same time being greatly increased.

5. Several cases of diarrhœa and indigestion, after resisting other treatment, quickly yielded to the influence of the lacto-phosphate.

At my request, Mr. W. Neergaard, pharmaceutist, prepared for me, in June last, a syrup, by dissolving recently-precipitated phosphate of lime in concentrated lactic acid, and then adding a convenient amount of syrup. I have found it useful—

1. In cases of defective nutrition, with or without diarrhœa, but without any acute disease of the alimentary canal, particularly when these conditions have occurred in prematurely weaned children.

1. In rachitis.

3. In atonic dyspepsia. In most of these cases, not only were the digestive power and nutrition of the patient greatly improved, but the appetite for food was augmented, sometimes to an extraordinary degree. Dr. William A. Hammond has found it of very great value in cases of nervous derangement, attended with impaired nutrition; and Dr. Barstow, of Sandford Hall, has used it largely in similar cases. It is very probable that the free lactic acid may, in many instances, contribute greatly to the efficiency of the preparation.

In forming the syrup of the lacto-phosphate, Mr. Neergaard obtains the phosphate of lime, according to the United States Pharmacopœia, by acting on bone earth with muriatic acid, and precipitating the dissolved phosphate with ammonia. He saturates an ounce of concentrated lactic acid with the recent precipitate, and to the clear solution he adds six ounces and a half of water, an ounce and a half of orange-flower water, and twelve ounces of sugar. Prepared in this manner, the syrup will contain from fifteen to twenty grains of phosphate of lime to the ounce. The variation in strength is caused by the want of uniformity in the strength of the lactic acid; that furnished by the best manufacturer—Merck, of Darmstadt—varying considerably in its degrees of concentration. The dose for a young child is one to two drachms three or four times a day, while an adult may take a tablespoonful frequently. The taste is pleasantly acid, and the syrup is not apt to disagree even with delicate stomachs.—*N. Y. Med. Jour.*

Syrupus Calcis Lacto-Phosphatis. By William Neergaard.—In the *Archives Générales de Médecine* for December, 1869, and for January and February, 1870, Dr. L. Dusart recommends the use of a new preparation, which he terms the lacto-phosphate of lime, in which the lime salt is dissolved in free lactic acid.

Dr. B. W. McCready, of N. York, requested me to prepare a syrup containing that compound, and I adopted the following formula:—

Concentrated lactic acid, fl℥i.;
Magma of freshly precipitated phosphate of lime, q. s.;
Aquæ flor. aurant., fl℥iss.;
Aquæ puræ, q. s. ad fl℥viij.;
Sacchari albi, ℥xj.

Mix the lactic acid with two fluidounces of water, and saturate it with the magma. Put the liquid upon a filter, and add the rest of the water until eight fluidounces of filtrate are obtained. Pour this upon the sugar, contained in a bottle; shake occasionally until solution is effected, and strain. No heat ought to be applied, else the syrup assumes a milky appearance.

The syrup thus prepared contains between two and three grains of dry phosphate of lime in each fluidounce, besides the lactic acid.—*American Journal of Pharmacy.*

CUNDURANGO ONCE MORE.—We are indebted again to the *National Medical Journal* for the analysis by Dr. Antisell of the wood to which we called attention a few weeks ago. It was read before the Medical Society of the District of Columbia.

Judging from the analysis alone, we cannot help feeling sceptical in regard to the active character of the drug, especially when it is vaunted as a specific for a disease of the most intractable character. A specimen of the wood was shown by Dr. Bixby, of this city, at one of the sessions of the Mass. Medical Society, where it attracted considerable attention.

Forwarded to Department of Agriculture April 18, by the Department of State, with pamphlet.

Also, from the Smithsonian Institution, with pamphlet.

Samples consisted of stem and branches. No roots or leaves were forwarded; hence the botanical relations cannot as yet be ascertained.

PHYSICAL DESCRIPTION.

Stem.—Woody, shrubby, and covered by a greenish or ash-gray bark, the former tint being due to a coating of lichens on the surface. The branches are from half an inch to little more than an inch in diameter, the average being about the thickness of the finger. The woody fibre is straw-colored and brittle, breaking with a sharp fracture; it is almost tasteless, slightly aromatic and bitter.

Bark.—This contains whatever medicinal virtues are in the plant. It is of a gray color, slightly ribbed or fluted longitudinally, from corrugation, the result of drying; it increases in thickness in the ratio of increase of the stem, in the thicker branches constituting more than half the weight of the whole—in the thinner, somewhat less than half; readily separable from the stem by pounding or bruising, when it comes off in clean, longitudinal pieces; brittle in the transverse fracture, having a warm, camphory, aromatic, and bitter taste, resembling the cascarilla of the older collections. Under the lens, it is readily resolved into three layers: 1st, the inner layer or cambium of reticular woody tissues, having granules of starch and particles of resin imbedded; 2d, a middle layer of woody fibre and dotted ducts, with resinous particles also in this layer; and 3d, the cuticular or outer layer of bark cells, of a brown color, and containing tannic acid and coloring matters.

CHEMICAL ANALYSIS OF BARK.

Ratio of wood and bark:—

Bark	49.72
Wood	50.28
	100 average of three examinations.

Constitution of bark in 100 parts:—

Moisture	8.
Mineral salts	12.
Vegetable matters . . .	80.
	100.

These vegetable matters were separable, by the usual methods, into the following:—

Fatty matter, soluble in ether and partially in strong alcohol	.7
Yellow resin, soluble in alcohol . .	2.7
Starch, gum and glucose	.5
Tannin, yellow and brown coloring matter and extractive	12.6
Cellulose lignin, &c.	64.5
	80.

On distillation, no volatile oil or acid was obtainable.

No crystalline alkaloid, or active principle, was separable by the usual method of proximate analysis.

Whatever medicinal virtues the plant may possess must reside either in the yellow resin or in the extractive. The former is soluble in alcohol, the latter in water. In the water decoction, some of the resin is diffused, but the greater portion of resin is not extracted by water.

The therapeutic position of the plant, judged from analysis, is among the aromatic bitters.—*National Med. Jour.*

The New York Medical Journal.—With the issue of the June number, our old friend Dunster closes his five years' service as the editor of the *New York Med. Journal.* His ability and energy have placed it among our most acceptable, because most valuable exchanges. Our best wishes go with him in his retirement from the editorial chair.

Dr. Dunster leaves to the journal worthy successors in Drs. William T. Lusk and James B. Hunter, both of whom are favorably known and appreciated in our city.

The Treatment of Hæmoptysis.—Dr. Waters records a series of cases illustrating various forms and modes of treatment of hæmoptysis. He remarks that, considering the frequency of this symptom, it is only in a small proportion of cases that it proves fatal—the patient dying suddenly from the profusion of the hæmorrhage and consequent suffocation, or sinking more or less rapidly from exhaustion. Whenever it is only slight during the progress of a case of phthisis, he is of opinion that no special treatment need be directed to it; should it be, however, at all severe, rest should be enjoined, and no risk run by which an inflammatory attack might be brought on. In regard to the various measures that are usually resorted to, he considers the best remedy to be used is gallic acid, as being the safest, the most rapid, and the most effectual. It should be given in full doses of not less than 10 grains every hour, or every two, three or four hours, according to the severity of the case. It is readily taken by patients, it rarely disagrees with the stomach, and is well borne by delicate persons. It rapidly finds its way into the urine and is excreted. Acetate of lead, especially when combined with opium, is often of great service. He usually gives it in the form of pill, in two or three grain doses, every two, three or four hours, but it should not be too long continued on account of its constipating effects. Sulphuric acid is a good remedy in slight cases of hæmoptysis, and it may be combined with other substances, as quinine and iron, which are given for the general treatment of the disease. It should be given in doses of from 10 to 30 minims. Dr. Waters's experience of the use of ergot of rye in pulmonary hæmorrhage is not very favorable. In severe cases of hæmoptysis he always applies ice to the chest: it should be included in a bag, and not allowed to remain so long as to produce a chill. In regard to digitalis, as far as his experience goes, he is unable to recommend it as a trustworthy remedy in hæmoptysis. He occasionally prescribes dry cupping, but never fails to give styptics internallly at the same time. He gives a caution against the indiscriminate administration of purgatives. Turpentine he considers to be less valuable in hæmorrhage from the lungs than in hæmorrhage from the bowels. The room should be kept cool and well ventilated; the food should consist of iced beef-tea and milk, and small pieces of ice given to the patient to suck.—*British Medical Journal,* March 11, 1871.

In a note upon the above lecture, in the following number of the same journal, Dr. Goddard Rogers, whilst agreeing for the most part in the estimate of the relative value of the various remedies therein mentioned by Dr. Waters for the treatment of hæmoptysis, remarks that alumen exsiccatum and diluted acetic acid are worthy of mention, and that as long ago as 1858 he himself called attention to the very marked efficacy of the so-called tannate of alumina in spitting of blood. Iron-alum, a sulphate of peroxide of iron, and a sulphate of alumina or potash, is perhaps a still more powerful astringent. The dose should not exceed three grains to begin with. Ruspini's styptic also deserves a passing notice.—*London Practitioner.*

Cocoa and Condensed Milk.—The English Condensed Milk Company (Lion Brand) have introduced into use a combination of cocoa and condensed milk, which is, in its way, perfect. A teaspoonful dissolved in a small cup of boiling water makes on the spot a cup of excellent, pure and delicious cocoa, or chocolate, as you may please to call it, which requires neither further sugar or milk. Made of pure cocoa and condensed milk, with an adequate addition of sugar, and prepared in small tins which can be kept for any length of time, it recommends itself for a great many useful purposes which immediately suggest themselves—in the sick room, whether for patient, or nurse, or weary doctor; in hospitals, ships, camps; in the study of the night-worker, the bachelor's cupboard, the emigrant's stores, the army canteen, the volunteer camp; for yachting and exploring parties; for fishing, shooting, and picnic excursions, at home and abroad, it will be alike grateful and convenient. It is a very happy idea, well carried out; and will, we expect, achieve an immediate and extended success.—*Brit. Med. Jour.*

Medical Miscellany.

The Boylston Prize Committee appointed by the President and Fellows of Harvard University have awarded a prize of one hundred and fifty dollars, or a gold medal of the same value, to Dr. B. Joy Jeffries, of Boston, for the best dissertation on "Recent Advances in the Pathology and Treatment of Cutaneous Diseases."

Cases of Excision of Elbow.—An interesting series of cases was shown to the members of the Massachusetts Medical Society at the Massachusetts General Hospital on the morning of the first day of the convention. Among others, Dr. Hodges exhibited four cases of excised elbow, with motion and strength restored, and mentioned two others.

Sick-Rooms — Decision and Quietness.—Consult your patient's wants, but consult him as little as possible. Your decision need not be very obvious and positive; you will be most decisive if no one suspects that you are so at all. It is the triumph of supremacy to become unconsciously supreme. Nowhere is this decision more blessed than in a sick-room. Where it exists in its genuineness, the sufferer is never contradicted, never coerced; all little victories are assumed. The decisive nurse is never peremptory, never loud. She is distinct, it is true—there is nothing more aggravating to a sick person than a whisper—but she is not loud. Though quiet, however, she never walks tip-toe; she never makes gestures; all is open and above board. She knows no diplomacy or *finesse*, and of course her shoes never creak. Her touch is steady and encouraging. She does not potter. She never looks at you sideways. You never catch her watching. She never slams the door, of course, but she never shuts it slowly, as if she were cracking a nut in the hinge. She never talks behind it. She never peeps. She pokes the fire skilfully, with firm, judicious penetration. She caresses one kind of patient with genuine sympathy; she talks to another as if he were well. She is never in a hurry. She is worth her weight in gold, and has a healthy prejudice against physic, which, however, she knows at the right time how to conceal.—*Good Health.*

Excision of the Hip-joint for Morbus Coxarius.—Henry F. Lister, M.D., of Detroit, Mich. (*Trans. Mich. Med. Soc.*), reports 280 cases of this operation—being those recorded by Dr. Ashurst, Jr. (202), Dr. Richard Good (46), and 32 additional cases compiled by a committee appointed by the Michigan Medical Society. In those published by Dr. Ashurst, Jr., 113 recovered and 89 died; in Dr. Good's cases, 17 recovered and 29 died; and in the Committee's tables there were 16 recoveries and 16 deaths. The per cent. of recoveries from aggregated tables were as follows:—under 5 years, 58 per cent.; 5 to 10 years, 68 per cent.; 10 to 15 years, 60 per cent.; 15 to 20 years, 38 per cent.; 20 to 30 years, 31 per cent.; over 30 years, 16 per cent.; not stated, 33 per cent. One hundred and ninety-eight were males and eighty-eight females; not stated, 34. Seventy-two operations were performed on the right side, and 74 on the left; not stated, 134. With regard to the utility of the limb, 103 proved useful, and 3 useless; not stated, 33; doubtful, 7. *Medical Record.*

New York State Inebriate Asylum.—The Trustees of this Institution held their first meeting recently.

A temporary organization was effected by calling Dr. Wm. C. Wey, of Elmira, to the Chair, and Dr. George Burr was made Secretary. The Board then proceeded to elect officers by ballot as follows:—

President—Dr. Willard Parker; First Vice-President, Dr. Wm. C. Wey; Second Vice-President, Dr. Geo. Burr; Treasurer, Abel Bennet; Registrar, Samuel W. Bush; Superintendent, Dr. D. G. Dodge; Committee of Finance, W. W. Gordon, P. S. Danforth, W. H. Bristol, Abel Bennet, Ausburn Birdsall; Committee of Management and Discipline, J. G. Orton, W. C. Wey, G. A. Dayton, George Burr, P. G. Ellsworth; Executive Committee, W. H. Bristol, W. W. Gordon, J. G. Orton, P. Munday, J. Conkling.

Books and Pamphlets Received.—Publications of the Massachusetts Homœopathic Medical Society, from 1840 to 1861. Vol. I. Pp. 410.—On the Treatment of Psoriasis by Balsam of Copaiba. By Henry Samuel Purdon, M.D., L.R.C.P., Belfast, Ireland. Pp. 4.

Deaths in seventeen Cities and Towns of Massachusetts for the week ending June 10, 1871.

Cities and Towns.	*No. of Deaths.*	*Prevalent Diseases.*	
Boston	100	Consumption	45
Charlestown	6	Pneumonia	18
Worcester	14		
Lowell	15		
Milford	4		
Chelsea	3		
Cambridge	10		
Salem	8		
Lawrence	6		
Springfield	5		
Lynn	7		
Gloucester	6		
Fitchburg	2		
Newburyport	6		
Somerville	4		
Fall River	7		
Haverhill	2		
	205		

Lowell reports one death from smallpox.

George Derby, M.D.,
Secretary of State Board of Health.

Deaths in Boston for the week ending Saturday, June 10th, 100. Males, 45; females, 55. Accident, 4—apoplexy, 3—bronchitis, 5—congestion of the brain, 1—disease of the brain, 2—cancrum oris, 1—cholera infantum, 2—consumption, 19—convulsions, 3—croup, 1—cyanosis, 1—debility, 3—diarrhœa, 3—dropsy of the brain, 1—epilepsy, 2—erysipelas, 2—scarlet fever, 1—typhoid fever, 4—bilious fever, 1—gangrene, 1—disease of the heart, 3—hip disease, 1—intemperance, 1—disease of the kidneys, 1—disease of the liver, 1—congestion of the lungs, 5—inflammation of the lungs, 5—marasmus, 2—old age, 4—premature birth, 1—peritonitis, 1—pelvic inflammation, 1—puerperal diseases, 3—rheumatism, 1—scrofula, 1—disease of the spine, 2—suicide, 1—unknown, 6.

Under 5 years of age, 38—between 5 and 20 years, 12—between 20 and 40 years, 21—between 40 and 60 years, 16—above 60 years, 13. Born in the United States, 65—Ireland, 27—other places, 8.